

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HA	1089	9/1/9
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	W.M	869	9-28-00
RESPONSE FORMALITY REVIEW	SS	573	24-10-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	05/18/01
2	✓	✓	05/18/01
3	✓	✓	05/18/01
4	✓	✓	05/18/01
5	✓	✓	05/18/01
6	✓	✓	05/18/01
7	✓	✓	05/18/01
8	✓	✓	05/18/01
9	✓	✓	05/18/01
10	✓	✓	05/18/01
11	✓	✓	05/18/01
12	✓	✓	05/18/01
13	✓	✓	05/18/01
14	✓	✓	05/18/01
15	✓	✓	05/18/01
16	✓	✓	05/18/01
17	✓	✓	05/18/01
18	✓	✓	05/18/01
19	✓	✓	05/18/01
20	✓	✓	05/18/01
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28	✓	✓	05/18/01
29	✓	✓	05/18/01
30	✓	✓	05/18/01
31	✓	✓	05/18/01
32	✓	✓	05/18/01
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42	✓	✓	05/18/01
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44	✓	✓	05/18/01
45	✓	✓	05/18/01
46	✓	✓	05/18/01
47	✓	✓	05/18/01
48	✓	✓	05/18/01
49	✓	✓	05/18/01
50	✓	✓	05/18/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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